

MDHHS TB Incentives & Enablers Request Form:  
Reimbursements Estimated to Cost More Than \$200

1. Use this form if you are expecting a reimbursement to cost more than \$200.

For all gift cards and reimbursements less than  
\$200 please complete [Form A](#).

2. Complete **Sections I-II** and either fax or email to MDHHS  
Attention: TB Public Health Consultant  
Email: davidsonp@michigan.gov  
Fax: 517-335-8263
2. MDHHS will complete **Section III** and return the form to you.
3. After purchase, complete **Section IV** and return to MDHHS (information above) with proof of purchase.

SECTION I [Need help filling out this form? See our Directions](#)

Your Name:		Date:	
Health Department:			
Mailing/shipping address:			
Email address:		Phone:	
Initials of person receiving IEs (not your initials):			
Number of people in this request:	LTBI	Active TB Disease	Other

Are you requesting an incentive or enabler? [What's the difference?](#)      Incentive      Enabler

Request Type:      Gift Card      Reimbursement (check)

Reason for Request (why are you requesting an incentive and/or enabler?)

SECTION II: Estimated Expenses

Company	Details	Estimated Amount
TOTAL		

STOP!! Section III must be completed and approved by MDHHS before you can proceed with your purchase.

SECTION III: Approval (completed by MDHHS only)

Unit Manager's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Denied

Reason for Denial (if necessary):

SECTION IV: Actual Expenses (completed by LHD after MDHHS approval. Remember to attach proof of purchase

Company	Details	Actual Amount
TOTAL		

Signature of LHD Requestor: \_\_\_\_\_ Date: \_\_\_\_\_